



Request for Change of Name and/or Address

Instructions for Completing this Form

Please Read Carefully

IMPORTANT:

1. Remove the form. Do not return these instructions to PERF.
2. Please type or print. Use black ink.
3. Complete all information. Remember to include your Social Security Number.
4. Return the completed form directly to PERF at the address below.

PRIVACY NOTICE

The Social Security Number is requested by this agency in accordance with the requirements of Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

STEP 1: Select One

If you are changing your own information, check the **Member** box.

If you are the surviving beneficiary of a member, check the **Survivor** box

If you are a member and you are changing your beneficiary's information, check the **Beneficiary** box. This form CANNOT be used to change your beneficiary, only their name and/or mailing address.

STEP 2: Information PERF Presently Has for Me or a Beneficiary

Member's, Survivor's, or Beneficiary's Social Security Number: Enter all nine digits of the Social Security Number. Your application will not be processed without this information.

Member's, Survivor's, or Beneficiary's First Name: Enter the first name.

Member's, Survivor's, or Beneficiary's Middle Name or Initial: Enter the middle name or initial.

Member's, Survivor's, or Beneficiary's Last Name: Enter the last name.

Member's, Survivor's, or Beneficiary's Address: Enter the current full street address.

City: Enter the city.

State: Enter the state.

ZIP Code: Enter the five or nine-digit ZIP code.

Member's, Survivor's, or Beneficiary's Phone Number: Enter the current telephone numbers, beginning with area code. If available, please provide separate day and evening phone numbers.

E-mail address: Enter the E-mail address, if available.

STEP 3: Information I Wish to Change/Update

Important!

Enter only the information that you wish PERF to update. If you are requesting a change of name, you must include the appropriate legal documentation: a copy of your Marriage License, Divorce Decree, or Court Order. You must attach an English translation to any foreign language document.

Member's, Survivor's, or Beneficiary's First Name: Enter the first name.

Member's, Survivor's, or Beneficiary's Middle Name or Initial: Enter the middle name or initial.

Member's, Survivor's, or Beneficiary's Last Name: Enter the last name.

Member's, Survivor's, or Beneficiary's Address: Enter the current full street address.

City: Enter the city.

State: Enter the state.

ZIP Code: Enter the five or nine-digit ZIP code.

Member's, Survivor's, or Beneficiary's Phone Number: Enter telephone numbers, beginning with area code. If available, please provide separate day and evening phone numbers.

E-mail address: Enter the E-mail address, if available.

When the form is complete, you must sign and date it.

Then

Return the form to PERF

Once the form has been completed according to these instructions, return the form (DO NOT return the instructions) to the Public Employees' Retirement Fund at the following address:

**Public Employees' Retirement Fund
143 West Market Street
Indianapolis, IN 46204**

HELPFUL INFORMATION

PERF

TELEPHONE NUMBERS:

Indianapolis & vicinity (317) 233-4162

Toll-Free Number 1-(888) 526-1687

TDD (hearing impaired number) (317) 233-4160

FAX Number (317) 232-1614

PERF on the Internet: www.in.gov/perf

E-MAIL: questions@perf.in.gov

PERF MEMBER HANDBOOK (latest edition)

PERF ANNUITY SAVINGS ACCOUNT INVESTMENT HANDBOOK



Request for Change of Name and/or Address

State Form 946 (R3/05-05)

PRIVACY NOTICE

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

INSTRUCTIONS:

1. Please TYPE or PRINT. Use black ink.
2. Complete all information. Remember to include the Social Security Number.
3. Return the completed form directly to PERF. Do not return the instruction pages.

STEP 1: Select One

Member

☐

Survivor

☐

Beneficiary

☐

STEP 2: Information PERF Presently Has for Me or a Beneficiary

Social Security Number

____ - ____ - ____

First Name

Middle Name/Initial

Last Name

Mailing Address

City

State

Zip Code

Daytime Phone Number

()

Evening Phone Number

()

E-mail Address

STEP 3: Information I Wish to Change/Update

First Name

Middle Name/Initial

Last Name

Mailing Address

City

State

Zip Code

Daytime Phone Number

()

Evening Phone Number

()

E-mail Address

I certify that, to the best of my knowledge, the information provided on this form is true and accurate.

Signature

Date